

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Thrivent Financial for Lutherans - Employee Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Friends of Lois Capps

Mailing Address PO Box 23940

City  
Santa BarbaraState  
CAZip Code  
93121-

Purpose of Disbursement

Candidate Name  
LOIS G CAPPsCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: 80107.E1056

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	7	

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mike Crapo for US Senate

Mailing Address PO Box 1948

City  
BoiseState  
IDZip Code  
83701-

Purpose of Disbursement

Candidate Name  
MICHAEL D CRAPOCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ID District: 00

Transaction ID: 80107.E1048

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	7	

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Hooley for Congress

Mailing Address PO Box 2050

City  
SalemState  
ORZip Code  
97308-

Purpose of Disbursement

Candidate Name  
DARLENE HOOLEYCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 05

Transaction ID: 80107.E1057

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	7	

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....